#### PRINTED: 04/05/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING C B. WING 04/02/2013 185096 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Preparation and/or execution of this plan of F 000 **INITIAL COMMENTS** correction does not constitute admission or F 000 agreement by this provider of the facts alleged, or conclusions set forth in the statement of An abbreviated survey to investigate KY19974 deficiencies. The plan of correction is prepared was initiated on 04/01/13 and concluded on and/or executed solely because it is required by 04/02/13. The Division of Health Care the provisions of federal and/or state law. The substantiated the allegation with deficiencies plan of correction constitutes our credible cited. allegation of compliance. F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED F 282 PERSONS/PER CARE PLAN SS=D The services provided or arranged by the facility F 282 must be provided by qualified persons in accordance with each resident's written plan of I. The plan of care for Resident #1 is being followed for preventive skin care. The charge care. nurses, Director of Nursing and Staff Developmint Coordinator have been completing observations on each shift for application of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff This REQUIREMENT is not met as evidenced Development Coordinator and the Director of Nursing on reviewing the plan of care inter-Based on observation, interview, and record ventions for use of barrier creams. review, it was determined the facility failed to per their plans of care. follow the plan of care in regards to preventative skin measures for one (1) of the four (4)sampled II. The Director of Nursing reviewed the residents. The facility identified Resident #1 as at resident assessments to determine residents risk for pressure ulcer formations. The facility with incontinence needs. Residents are redeveloped a plan of care to prevent pressure celving barrier cream as per their plans of care. ulcer formation that included applying a skin The charge nurses, Director of Nursing and barrier cream after peri-care; however, the staff

November 2012, Chapter 4, page 4-12, revealed RY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Assessment Instrument (RAI) process. Review of

the Minimum Data Set (MDS) 3.0 Manual, revised

failed to routinely apply the preventative cream.

The facility did not have a specific policy for care

plans, instead they utilized the Centers for

Medicare and Medicaid (CMS) Resident

ency statement ending with an asterisk (\*) denotes a deficiency which the institution may be occused from correcting providing it is determined that other safe uards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 tays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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(X6) DATE

The findings include:

Staff Development Coordinator have been

completing observations on each shift for applications of barrier cream. Nursing staff was

Director of Nursing on reviewing the plan of

care interventions for use of barrier creams.

(continued)

uinistrator

re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	COMPLETED	
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<b>V.I.</b> (2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE 200 GAGEL AVENUE LOUISVILLE, KY 40216	1 0470	12010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	the Interdisciplinary individualized steps taken to help the re goals(s). These approximates approximate the following diagnother facility admitted the following diagnothy approximate the facility assessed the resident on a croperi-care provided approximate the facility assessed the facility assessed the residulcer development decreased mobility. Review of the compotential skin break approaches that incontinent episode revised on 02/13/13 an open area to the	Team (IDT) identifies specific, or approaches that will be sident achieve his or her proaches serve as instructions and provide for continuity of care and concise instructions help d implement interventions  #1's clinical record revealed the resident on 03/17/11 with poses: Diabetes; Dementia; plar Disorder; Urinary Tract by Disorder. Review of the ment (CAA) for pressure ulcers, ealed the facility would place neck and change program with using barrier cream as ures. Review of the most DS, dated 02/22/13, revealed the resident as having a apairment, was always and bladder, and required the facility would place and toilet use. The facility ent as a high risk for pressure related to incontinence and		282	III. The Staff Development Coordinator complete a skills validation check in orier for new hires. The Staff Development Coordinator will complete a skills validation check no less than annually for nursing assistants. The charge nurses, Director Nursing and Staff Development Coordination of barrier cream. Nurstaff was re-educated on 4/3/13, 4/4/13 at 4/5/13 by the Staff Development Coordinand the Director of Nursing on reviewing plan of care interventions for use of barricreams.  IV. The Staff Development Coordinator, Director of Nursing and/or Unit Manager complete a 10% sampling, to include eashift on barrier cream/peri-care weekly four weeks, monthly for two months, the quarterly for three quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as new V. Completion Date:	ntation on of ator ach sing and eator the er s will ch or en	4/6/2013

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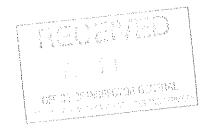
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185096	B. WING			C 04/02/2013	
	PROVIDER OR SUPPLIER			900	ET ADDRESS, CITY, STATE, ZIP CODE GAGEL AVENUE UISVILLE, KY 40216		
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F 282	April 2013, under the revealed instruction facility's choice for peri-care and as need and peri-care and as need april 20 use barrier cream of preventive skin care.  Observation of Cert (CNA) #2 and #3 properties and #4 properti	recent physician orders for the general nursing section, as to use barrier cream of the preventive skin care with reded. Review of the Activity of lowsheet (guidelines and CNA to use in caring for each 013, revealed instructions to of the facility's choice for e with peri-care.  Itified Nursing Assistants roviding peri-care, on 04/02/13 and when the CNAs removed the brief was saturated with of the resident's buttocks and no barrier cream on those ompleted peri-care with soap ited a clean incontinent brief	F2	282			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185096	B. WING			C 04/02/2013	
NAME OF P	ROVIDER OR SUPPLIER	100000			REET ADDRESS, CITY, STATE, ZIP CODE	1 047	02/2013
GEORGE	ETOWN MANOR		900 GAGEL AVENUE LOUISVILLE, KY 40216		000 GAGEL AVENUE LOUISVILLE, KY 40216		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUT TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)			(X6) COMPLETION DATE
F 282	revealed she was a Manager to provide after lunch today. Si assigned to the resi know the resident's time to look up the rADL book and did n was to be applied at She stated some re and others do not. So out of orientation ye had not applied skir resident's buttocks a linterview with the D 04/02/13 at approxist Resident #1 was at development related incontinence, decreated in March 20 barrier cream for all was her expectation cream after peri-car	#2, on 04/02/13 at 4:35 PM, sked by the North Unit peri-care for Resident #1 he stated she was not dent's care today and did not care needs. She did not have resident's care needs in the ot know a skin barrier cream fiter peri-care for this resident. sidents have barrier cream the stated she had just come sterday. She revealed she abarrier cream to the after peri-care.  Irrector of Nursing (DON), on mately 5:35 PM, revealed risk for pressure ulcer did to the risk factors of ased mobility, Diabetes, and had a pressure ulcer that 13. She stated the facility used incontinent residents and it is that staff would apply the e was provided. She stated it	F2	282			
F 314 SS=D	ADL flowsheet for the She stated this information training of She stated the plan through the CNA flowstaff to follow those 483.25(c) TREATMI PREVENT/HEAL PROPERTY SHEET THE SHEET SHEET THE SHEET SH		FS	314	F 314 ( Comments begin next page	)	
		must ensure that a resident					

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	407000	B. WING			C	
	185096	B. WING			04/0	02/2013
NAME OF PROVIDER OR SUPPLIER  GEORGETOWN MANOR			9(	REET ADDRESS, CITY, STATE, ZIP CODE 00 GAGEL AVENUE OUISVILLE, KY 40216		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
does not develop prindividual's clinical of they were unavoidal pressure sores receservices to promote prevent new sores for this REQUIREMENT by:  Based on observation review, it was determined to pressure sores related and bowel, dependent of Diabetes, and and development. The fawith nursing interversafter incontinent epismeasure. However, the skin barrier creator of the facility did not pregards to preventing stated they used the Practice.  Observation of Resistrations are unavoided to the pressure sores related they used the practice.	essure sores unless the condition demonstrates that cole; and a resident having lives necessary treatment and healing, prevent infection and rom developing.  IT is not met as evidenced con, interview, and record mined the facility failed to reatment to prevent soure sores for one (1) of the sidents. The facility identified gh risk for development of the ded to incontinence of bladder ent with mobility, a diagnosis history of pressure sore acility developed a care plan antions to apply barrier cream sodes as a preventative the facility staff failed to apply an after incontinent care on	F	314	I. Resident #1's skin remains intact ar receiving barrier cream. The surveyor ar wound nurse assessed Resident #1's sk 4/2/13, and skin was intact and barrier of was applied. The Director of Nursing assiste resident's skin on 4/2/13 during a skin validation check and skin was intact and barrier cream was applied.  II. The Director of Nursing reviewed the resident assessments to determine resident assessments to determine resident incontinence needs. Residents are receiving barrier cream as per their plan care. The charge nurses, Director of Nursing staff Development Coordinator have completing observations on each shift for applications of barrier cream. Nursing staff Development Coordinator and the Director of Nursing on reviewing the plan care interventions for use of barrier cream. Ill. The Staff Development Coordinator complete a skills validation check in ories for new hires. The Staff Development Coordinator will complete a skills validate check no less than annually for nursing assistants. The charge nurses, Director Nursing and Staff Development Coordinator will complete a skills validate check no less than annually for nursing assistants. The charge nurses, Director Nursing and Staff Development Coordinator will complete a skills validate check no less than annually for nursing assistants. The charge nurses, Director Nursing and Staff Development Coordinator and the Director of Nursing reviewing the plan of care interventions or barrier creams and peri-care.	nd the in on ream sessed ills e dents s of resing e been or aff was 3 by n of ms. will entation of actor each -care. 3, nent on	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185096	B. WING_		1	02/2013
	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE 900 GAGEL AVENUE LOUISVILLE, KY 40216	0.17	
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F 314	the bed with staff dibody. Continued obresident was fed brown Assistant (CNA) #1 resident was assistant resident was assistant and the resident was assisted to a Figure and the resident and the	ressing the resident's upper servation revealed the eakfast per Certified Nursing in the resident's room. The ed from the room to the North 20 AM. Continued observation at sat in front of the North Unit 10:00 AM when the resident cosary prayer service held in m. Observation of the resident led the prayer service was not had been assisted to dining room. Continuous at the resident was again table in the dining room at dent sat at this particular table at (11:00 AM-1:00 PM). At not was assisted from the resident's room by LPN #1. At an of peri-care provided by as conducted.  The peri-care, on 04/02/13 at the resident's brief was in addition, the resident had been accounted the resident's rea revealed no barrier cream	F 31	IV. The Staff Development Coordinator Director of Nursing and/or Unit Managers complete a 10% sampling, to include ear shift on barrier cream/peri-care weekly for four weeks, monthly for two months, there quarterly for three quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as need.  V. Completion Date:	s will ch or n	4/6/2013

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN O	F CORRECTION	MENTILIOATION NOMBELS	A. BUILL	ing _		С	
		185096	B. WING			04/0	2/2013
	ROVIDER OR SUPPLIER			90	EET ADDRESS, CITY, STATE, ZIP CODE O GAGEL AVENUE DUISVILLE, KY 40216		
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F 314	Interview with the I assessment, on 04 skin barrier cream peri-care. She state available for use a applied the cream She stated a pressright buttock had juttee resident was a additional pressure. Interview with CN/ (who was assisting assessment and p#1 at 1:15 PM) revisident was to hat after peri-care. Shin the night stand.  Review of Resident had li March 2011. Revice omprehensive Simples, dated 11/30 assessed the resident had li March 2011. Revice omprehensive Simples, dated 11/30 assessed the resident as a high development reladecreased mobility. Assessment (CA/ 11/30/12, revealed resident on a che	Nurse (LPN #1) after the skin 1/02/13 at 3:10 PM, revealed should always be applied after ed the barrier cream was not the CNA should have after each incontinent episode. Sure ulcer on Resident #1's ust healed (March 5, 2013) and thigh risk for development of e ulcers.  A #3, on 04/02/13 at 3:15 PM, g the nurse during the skin provided peri-care to Resident realed she was unaware the live the barrier cream applied e did not know the cream was		314			

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185096	B. WING			C 04/02/2013	
	ROVIDER OR SUPPLIER			90	REET ADDRESS, CITY, STATE, ZIP CODE 00 GAGEL AVENUE OUISVILLE, KY 40216		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X6) COMPLETION DATE
F 314	preventative mease MDS, dated 02/22/existing pressure use trisk for additional Continued review of the comprehensive breakdown, dated that included perioepisode. On 02/13/1.2 cm) pressure usersident's right but revised on 02/13/1 the open area to the treatment to the arpressure ulcer was Review of the mos April 2013, under the revealed instruction facility's choice for periocare and as not Daily Living (ADL) instructions for the resident) for April 2 use barrier cream preventive skin careview of the flows initial that this had or 04/02/13 for the Interview with CN/revealed today was and working indep not know Residen and she was supplements.	ures. Review of the Quarterly 13, revealed the resident had a licer at that time and remained il pressure ulcer formation.  If the clinical record revealed care plan for potential skin 3/17/11, detailed approaches care after each incontinent /13, a Stage II (measured 1 x licer was noted on the tock The skin care plan was 3 when the resident developed the right buttock to include ea. The record revealed the schealed on 03/05/13.  It recent physician orders for the general nursing section, and to use barrier cream of the preventive skin care with eeded. Review of the Activity of flowsheet (guidelines and CNA to use in caring for each 2013 revealed instructions to of the facility's choice for re with peri-care. Further sheet revealed staff did not been completed on 04/01/13		314			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		LE CONSTRUCTION	COMPLETED	
		185096	B. WING			1	)2/2013
	ROVIDER OR SUPPLIER			9	REET ADDRESS, CITY, STATE, ZIP CODE 00 GAGEL AVENUE .OUISVILLE, KY 40216		
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F 314	the resident this motor the day and failed Although she was reday, she did not procurred at 1:15 Phe lunch break. She reassignment sheet, so ther shift, and it does skin barrier crestated she was new interview with CNA revealed she was a Manager to provide after lunch today. Sassigned to the resknow the resident's time to look up the ADL book and did reas to be applied as She stated some reand others do not. Some out of oriental had not applied skin resident's buttocks. Interview with the Ethe administrator plapproximately 5:35 was at risk for presented to the risk for decreased mobility, pressure ulcer that stated the facility us incontinent resident that staff would applied. She	prining prior to getting her up and to apply the barrier cream. esponsible for the resident perform the peri-care that M, because she was on her eviewed a copy of the she received at the beginning id not include instructions to am for this resident. She wand still learning.  #2, on 04/02/13 at 4:35 PM, asked by the North Unit a peri-care for Resident #1 the stated she was not ident's care today and did not a care needs. She did not have resident's care needs in the not know a skin barrier cream after peri-care for this resident. She revealed she had just attion yesterday. She stated she hadrier cream to the		314			

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		185096	B. WING			C 04/02/2013	
	PROVIDER OR SUPPLIER			9	REET ADDRESS, CITY, STATE, ZIP CODE 00 GAGEL AVENUE OUISVILLE, KY 40216		02/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)			(X5) COMPLETION DATE
F 441 SS=D	for the nursing assist this information was training of all new masked how she ensunderstanding and the ADL flowsheet, Managers are suppfor completion. How Manager did not have perform peri-care for administrator stated breakdown from training actually working 483.65 INFECTION SPREAD, LINENS  The facility must est infection Control Prosafe, sanitary and coto help prevent the cof disease and infection Control The facility must est Program under which (1) Investigates, cor in the facility; (2) Decides what proshould be applied to (3) Maintains a reconactions related to infection the spread control of the preventing spread (1) When the Infection determines that a reprevent the spread control of the resident.	stants to follow. She stated is provided in the orientation ursing assistants. When ured the new employees were following the instructions on she replied, the Unit osed to check the ADL books ever, she stated the Unit over time to observe new CNAs or all residents. The lit appeared there was a ining received in orientation of on the floor independently. CONTROL, PREVENT tablish and maintain an orientable environment and development and transmission of the it - introls, and prevents infections on the individual resident; and red of incidents and corrective fections.		314	F 441  I. Residents #1 remains free of infection this time. Resident #1 CBC on 3/4/13, We were within normal limits. The Director of Nursing assessed Resident #1 and no sig symptoms of Infection were identified.  II. The Director of Nursing reviewed the resident assessments to determine reside with incontinence needs. Residents are receiving peri-care per aseptic technique. charge nurses, Director of Nursing and St Development Coordinator have been com observations on each shift for peri-care technique. Nursing staff was re-educated 4/3/13, 4/4/13 and 4/5/13 by the Staff development Coordinator and the Director Nursing on infection control prevention measures.  III. The Staff Development Coordinator v complete a skills validation check in orien for new hires. The Staff Development Coordinator will complete a skills validation (continued next page)	ents The laff on rof will tation	

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NAME OF PROVIDER OR SUPPLIER   GEORGETOWN MANOR		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
AMABE OF PROVIDER OR SUPPLIER  GEORGETOWN MANOR  SUMMARY STATEMENT OF DEPICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 441  Continued From page 10 communicable disease or infected skin lesions from direct contact will residents or their food, it direct contact will residents or their food, it direct contact will residents or their food, it direct contact will transmit the disease.  (3) The facility must require staff to wash their hands after each direct resident contact or which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by. Based on observation, interview, record review, and review of the facility falled to ensure their infection control program was implemented in regard to perineal care and handwashing for one (1) of the four (4) sampled residents. (Resident #1) The facility staff falled to clean, side rail, and call light with the solied gloves. In addition, the staff falled to clean the resident's private parts thoroughly. Resident #1 had a history of Urinary Tract infections.  The findings include.  The facility provided information from the Mosby's textbook for Long Term Care Nursing Assistant			185096	B. WING		4	
F 441  Continued From page 10 communicable disease or infected skin lesions from direct contact with residents or their lood, if direct contact will transmit the disease.  (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility falled to ensure their infection control program was implemented in regard to perheal care and handwashing for one (1) of the four (4) sampled residents. (Resident #1) The facility spilled to remove gloves and wash hands after removing a solled brief with urine and stool, cleaning stool from the resident, and applying a clean brief. The staff then touch the resident's clothing, bed linens, side rail, and call light with the solled gloves. In addition, the staff failed to clean the resident's private parts thoroughly. Resident #1 had a history of Urinary Tract infections.  The findings include.  The facility provided information from the Mosby's textbook for Long Term Care Nursing assistants. The charge nurses, Director of Nursing and Staff Development Comments to empleting assistants. The charge nurses, Director of Nursing and Staff Development Commental to completing assistants. The charge nurses, Director of Nursing and Staff Development Commental to comment which washing is satisfation. The Staff the disease or infection control measures. Producated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator, Director of Nursing and Staff washing assistants. The charge nurses, Director of Nursing and Staff Development Coordinator, Director of Nursing and Staff Development Coordinator	GEORGE (X4) ID	SUMMARY STA	MUST BE PRECEDED BY FULL	ID	900 GAGEL AVENUE LOUISVILLE, KY 40216  PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	ON .D BE	(X5) COMPLETION
communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact with residents or their food, if direct contact will transmit the disease.  (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens  Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by:  Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to ensure their infection control program was implemented in regard to perineal care and handwashing for one (1) of the four (4) sampled residents. (Resident #1) The facility staff failed to remove gloves and wash hands after removing a solled brief with urine and stool, cleaning stool from the resident, and applying a clean brief. The staff then touch the resident's colothing, bed linens, side rail, and call light with the solled gloves. In addition, the staff failed to clean the resident's private parts thoroughly. Resident #1 had a history of Urinary Tract Infections.  The facility provided information from the Mosby's textbook for Long Term Care Nursing Assistant.	TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		PRIATE	DATE
Manual (Chapter 12-pages 256-259) as their		communicable dise from direct contact will tra direct contact will tra (3) The facility must hands after each dishand washing is ind professional practic (c) Linens Personnel must har transport linens so a infection.  This REQUIREMENT by: Based on observational review of the facility facility staff wash hands after reurine and stool, clear and applying a clear the resident's clothin call light with the soi staff failed to clean to thoroughly. Resident Tract Infections.  The findings include the facility provided textbook for Long Textbook for Lon	ase or infected skin lesions with residents or their food, if ansmit the disease. It require staff to wash their rect resident contact for which licated by accepted e.  India, store, process and as to prevent the spread of ion, interview, record review, cility's policy, it was ity failed to ensure their gram was implemented in are and handwashing for one impled residents. (Resident failed to remove gloves and moving a soiled brief with uning stool from the resident, in brief. The staff then touch ing, bed linens, side rail, and led gloves. In addition, the he resident's private parts that a history of Urinary information from the Mosby's informat	F 44	assistants. The charge nurses, Director Nursing and Staff Development have be completing observations on each shift hand washing, glove use and general incontrol measures. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/ Staff Development Coordinator and the of Nursing on hand washing, glove use general infection control measures.  IV. The Staff Development Coordinate Director of Nursing and/or Unit Manage complete a 10% sampling, to include e on peri-care, hand washing and glove weekly for four weeks, monthly for two then quarterly for three quarters. Resultantial suil be reviewed at the Quality Assurance meetings for revisions as necessity.	r of een for nfection 13 by the Director and or, ers will each shift use months, ts of the	4/6/2013

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Event ID: TFT411

Facility ID: 100208

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PRINTED: 04/05/2013 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		185096	B. WING			C 04/02/2013	
• • • • • • • • • • • • • • • • • • • •	PROVIDER OR SUPPLIER			90	EET ADDRESS, CITY, STATE, ZIP CODE 0 GAGEL AVENUE DUISVILLE, KY 40216		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 441	revealed the perine back with soap and staff was instructed female resident to cand removed after the before touching become touching become touching become touching become touching become to the perine to the perine al with so CNA #2 was in from was behind the resident at the same resident at the same resident. The transferred to the become to the perine to the become to the perine to the perine to the perine to the perine to the staff rinsed the on the resident. The transferred to the become to the perine to the	are. Review of these pages um was to be cleaned front to water, rinsed, and dried. The to separate the labia of a clean. Gloves were to be worn he area was cleaned and il linens.  washing policy and of Manual of Nursing Practice, a 1081, revealed hands are to moval of gloves.  care for Resident #1, on and and a Vera II lift (a sit to stand the testedent stands on the gonto the lift's support bar). In a Vera II lift (a sit to stand the testedent was having a that time. The CNAs with the solled brief, cleaned ap and water on a wash cloth. It of the resident and CNA #3 dent. Both aides cleaned the entre ware not spread and on the textbook instructions. area and placed a clean brief	F	141			

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Event ID: TFT411

Facility ID: 100208

If continuation sheet Page 12 of 14



PRINTED: 04/05/2013 FORM APPROVED OMB NO. 0938-0391

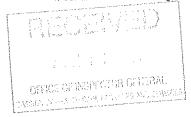
NAME OF PROVIDER OR SUPPLIER  185096  B. WING	C 4/02/2013
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
GEORGETOWN MANOR 900 GAGEL AVENUE LOUISVILLE, KY 40216	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Interview with CNA #3, on 04/02/13 at 1:25 PM, revealed she was not aware she had not changed her gloves after cleaning the feces from Resident #1. She stated she had been trained to remove gloves and wash hands before touching the resident's clothing and bed linens but she was in a hurry and forgot. She revealed she was not assigned to Resident #1 and was only helping CNA #1 because the CNA was at lunch. She stated she thought she had cleaned the resident's private parts.  Interview with the Staff Development Nurse, on 04/02/13 at 3:45 PM, revealed perineal care was taught in orientation packet revealed perineal care (from the Mosby's textbook) was included for both temale and male. Review of training records revealed additional training on handwashing and perl-care was conducted on 02/24/12, CNA #1, #2, and #3 were not in attendance. On 08/10/12 the state survey readiness training included peri-care and handwashing and CNA #1, #2, and #3 were not in attendance. The 09/07/12 infection control training that included handwashing revealed CNA #2 was in attendance and the 01/11/13 infection control handwashing revealed CNA #3 was in attendance. Additional training included the 02/08/13 HIV and importance of handwashing revealed CNA #3 was in attendance. Condance of handwashing revealed CNA #3 was in attendance. Condance of handwashing revealed CNA #3 was in attendance. Condance of handwashing revealed CNA #3 was in attendance. Condance of handwashing revealed CNA #3 was in attendance. Condance of handwashing revealed CNA #3 was in attendance. Condance of handwashing revealed CNA #3 was in attendance. Condance of handwashing revealed CNA #3 was in attendance. Condance of handwashing revealed CNA #3 was in attendance. Condance. The 03/08/13 infection control training included the 02/08/13 HIV and importance of handwashing revealed CNA #3 was in attendance. Condance. The 03/08/13 infection control training included the 02/08/13 HIV and importance of handwashing revealed CNA #3 was in attendance. CNA #3 had only been	

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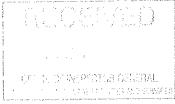
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		185096	B. WING	i			C 02/2013	
NAME OF PROVIDER OR SUPPLIER  GEORGETOWN MANOR				9	REET ADDRESS, CITY, STATE, ZIP CODE 00 GAGEL AVENUE OUISVILLE, KY 40216	<u> </u>	VII 2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 441	Interview with the D the Administrator, o 5:35 PM, revealed a receive training on thandwashing techn throughout the year provided frequent trecould not understand or perform the proceshe ensured the netfollowed the training Managers, who wer staff and check the However, she stated have time to observe observe the new nutheir tasks. The Adthere was a breakded.	ge 13 hs and CNA #1 was new. irector of Nursing (DON) and n 04/02/13 at approximately all new nursing assistants proper peri-care and iques during orientation and a She stated the facility aining on these topics and did why staff did not understand edures correctly. She stated we employees understood and instructions through the Unit is esupposed to supervise the ADL books for completion. If the unit manager did not is peri-care for all residents or ring assistants performing ministrator stated it appeared own between training received ctually working on the floor.	F	141				

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Office of Inspector General						1		
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	R/CLIA	(X2) MULTIPLE	CONSTRUCTION	<b>V</b> (17) 1 1	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NU		A. BUILDING:			COMP	LETED
, <u>-</u> . —						OF THE JE MISPECTOR OF	Sina	•
		400000		B. WING	Į,	VALUE STORY	1874 <b>04/0</b>	)2/2013
		100208	OTDEET AND	DRESS, CITY, ST	ATE ZIP CODE		U-7/C	
NAME OF P	ROVIDER OR SUPPLIER				A12, 211 0002			
GEORGE	TOWN MANOR			EL AVENUE LE, KY 40216	3			
<b>420</b> 1								T
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	S	ID	PROVIC FACH CO	DER'S PLAN OF CORRECTION PRRECTIVE ACTION SHOUL	DBE	(X5) COMPLETE
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	TION)	PREFIX TAG	CROSS-RE	FERENCED TO THE APPROP	PRIATE	DATE
IAG						DEFICIENCY)		<u> </u>
	WHEN OUT ALL OUT AND A CALL	TO		N 000	Preparation	and/or execution of this pla	n of	
N 000	INITIAL COMMEN	18		.,,		oes not constitute admission		
	A compliant curvey	was initiated on 04/0	1/13 and	-	_	by this provider of the facts		
	concluded on 04/02	2/13 to investigate K	Y19974.			ns set forth in the statemer		
ļ	The Division of Hea	alth Care substantiate	ed the		deticlencies	The plan of correction is uted solely because it is re-	prepared	
	allegation with defic				the provision	ns of federal and/or state la	w. The	
	3					ection constitutes our credit		
N 144	902 KAB 20:300-6	(7)(b)2.a. Section 6.	Quality of	N 144	•	f compliance.		
	Life	V. / V. /	•		J	·		
	(7) Environment.							
	(b) Infection contro	I and communicable	diseases.		N 144			
The facility shall establish an infection control program which:     a. Investigates, controls and prevents infections				l Reside	nts #1 remains free of infec	tion at		
					esident #1 CBC on 3/4/13,			
		ntrois and prevents it	HOURIN			normal limits. The Director		
	in the facility;			1		sessed Resident #1 and no	signs of	
					symptoms (	of infection were identified.		
Í	This requirement	is not met as evidend	ed by:		11 The Di	reator of Nursing roulowed	ibo	
	Based on observat	tion, interview, record	l review,			rector of Nursing reviewed sessments to determine res		
	and review of the f	acility's policy, it was				nence needs. Residents ar		
	determined the fac	cility failed to ensure t	heir			eri-care per aseptic techniq		
	infection control pr	ogram was impleme	ntea in	<u> </u>	charge nurs	ses, Director of Nursing and	i Staff	
	regard to perineal	care and handwashir	ig ioi one Pecident			int Coordinator have been o		
	(1) of the four (4) s	sampled residents. (F ff failed to remove glo	nvae and			ns on each shift for peri-car		
	#1) The facility sta	removing a solled brid	ef with			Nursing staff was re-educa	tea on	
	urine and stool cle	eaning stool from the	resident.			/13 and 4/5/13 by the Staff nt Coordinator and the Dire	ctor of	
	and applying a cle	an brief. The staff the	n touch	1		infection control prevention		
	and applying a clean brief. The staff then touch the resident's clothing, bed linens, side rail, and				measures.			
	call light with the soiled gloves. In addition, the staff failed to clean the resident's private parts thoroughly. Resident #1 had a history of Urinary Tract Infections.							
						taff Development Coordinat		
					•	skills validation check in o	rientation	
!						es. The Staff Development or will complete a skills valid	lation	
1						er will complete a skills valid		
	The findings include	de.			VII AUDIN			
	The facility provide	ed information from t	ne Mosby's			(continued next page)		
	textbook for Long	Term Care Nursing A	ssistant			•		
	Manual (Chapter 1	12-pages 256-259) a	s their				i	
4	policy for perineal	care. Review of thes	e pages	1				

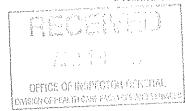
BO TORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

(X6) DATE
4-19-13

Office of Inspector General STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_ C B. WING \_ 04/02/2013 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE GEORGETOWN MANOR LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY N 144 N 144 Continued From page 1 assistants. The charge nurses, Director of revealed the perineum was to be cleaned front to Nursing and Staff Development have been back with soap and water, rinsed, and dried. The completing observations on each shift for staff was instructed to separate the labia of a hand washing, glove use and general infection female resident to clean. Gloves were to be worn control measures. Nursing staff was and removed after the area was cleaned and re-educated on 4/3/13, 4/4/13 and 4/5/13 by the before touching bed linens. Staff Development Coordinator and the Director of Nursing on hand washing, glove use and Review of the Handwashing policy and general infection control measures. procedure, Lippincott Manual of Nursing Practice, Hand Hygiene, page 1081, revealed hands are to IV. The Staff Development Coordinator, Director of Nursing and/or Unit Managers will be washed after removal of gloves. complete a 10% sampling, to include each shift on peri-care, hand washing and glove use Observation of peri-care for Resident #1, on weekly for four weeks, monthly for two months, 04/02/13 at 1:15 PM, revealed CNA #2 and CNA then quarterly for three quarters. Results of the #3 put on clean gloves to perform the task. The audits will be reviewed at the Quality resident was placed in a Vera II lift (a sit to stand Assurance meetings for revisions as needed. mechanical lift where the resident stands on the lift's platform holding onto the lift's support bar). 4/6/2013 V. Completion Date: The resident's soiled brief was removed. The brief was soaked with urine and there was feces In the brief. In addition, the resident was having a bowel movement at that time. The CNAs removed the feces with the soiled brief, cleaned the perineal with soap and water on a wash cloth. CNA #2 was in front of the resident and CNA #3 was behind the resident. Both aides cleaned the resident at the same time. However, the resident's private parts were not spread and cleaned according to the textbook instructions. The staff rinsed the area and placed a clean brief on the resident. The resident was then transferred to the bed using the mechanical lift. CNA #3 did not remove her gloves and wash her hands after cleaning feces from the resident. Instead she touched the resident's clothing, bed linens, draw sheet, and side rail. The CNA then removed her gloves and washed her hands. Interview with CNA #3, on 04/02/13 at 1:25 PM, revealed she was not aware she had not changed

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Office of Inspector General

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		40000		B. WING		04/0	
		100208	ATDEET 15		TATE UP OODE	1 04/0	2/2013
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
GEORGE	TOWN MANOR			EL AVENUE LE, KY 402	16		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
N 144	Continued From pa	ge 2		N 144			
N 144	her gloves after cle #1. She stated she gloves and wash ha resident's clothing a a hurry and forgot, assigned to Reside CNA #1 because th stated she thought private parts.  Interview with the S 04/02/13 at 3:45 PN taught in orientation Review of the orien perineal care (from included for both fe training records rev handwashing and p 02/24/12, CNA #1, attendance. On 08/ readiness training in handwashing and C attendance. The 09 training that include #2 was in attendanc control handwashin attendance. Additio 02/08/13 HIV and in revealed CNA #3 w 03/08/13 infection of #3 was in attendance Continued interview Nurse revealed CN six month medical I	aning the feces from had been trained to ands before touching and bed linens but she she revealed she want #1 and was only he CNA was at lunch, she had cleaned the staff Development Number of the Mosby's textboomale and throughout the tation packet revealed the Mosby's textboomale and male. Reviveri-care was conducted additional trainieri-care was conducted, and #3 were not 10/12 the state survey and #2, and #3 were not 10/12 infection conted handwashing revealed CNA #3 was in attendance. The control training revealed control training revealed.	remove the the the was in as not telping She resident's  urse, on care was year. ed k) was teed on ting on steed on in aled CNA infection was in the the ashing the doman	N 144			
	the Administrator, o	Director of Nursing (Don 04/02/13 at approal	kimately				

STATE FORM 6899 TFT411 If continuation sheet 3 of 13



Office of Inspector General (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ C 04/02/2013 B. WING 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 144 Continued From page 3 N 144 receive training on proper peri-care and handwashing techniques during orientation and throughout the year. She stated the facility provided frequent training on these topics and could not understand why staff did not understand or perform the procedures correctly. She stated she ensured the new employees understood and followed the training instructions through the Unit Managers, who were supposed to supervise the staff and check the ADL books for completion. However, she stated the unit manager did not have time to observe peri-care for all residents or observe the new nursing assistants performing their tasks. The Administrator stated it appeared there was a breakdown between training received in orientation and actually working on the floor independently. N 194 902 KAR 20:300-7(4)(c)2. Section 7. Resident N 194 N 194 Assessment 1. The plan of care for Resident #1 is being followed for preventive skin care. The charge (4) Comprehensive care plans. nurses, Director of Nursing and Staff Develop-(c) The services provided or arranged by the ment Coordinator have been completing obfacility shall: servations on each shift for application of 2. Be provided by qualified persons in barrier cream. Nursing staff was re-educated accordance with each resident's written plan of on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care inter-This requirement is not met as evidenced by: ventions for use of barrier creams. Based on observation, interview, and record per their plans of care. review, it was determined the facility failed to follow the plan of care in regards to preventative II. The Director of Nursing reviewed the skin measures for one (1) of the four (4)sampled resident assessments to determine residents with incontinence needs. Residents are reresidents. The facility identified Resident #1 as at ceiving barrier cream as per their plans of care. risk for pressure ulcer formations. The facility developed a plan of care to prevent pressure ulcer formation that included applying a skin (continued next page) barrier cream after peri-care; however, the staff failed to routinely apply the preventative cream.

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**TFT411** 

Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ С B. WING \_ 04/02/2013 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) N 194 The charge nurses, Director of Nursing and Continued From page 4 N 194 Staff Development Coordinator have been The findings include: completing observations on each shift for applications of barrier cream. Nursing staff was The facility did not have a specific policy for care re-educated on 4/3/13, 4/4/13 and 4/5/13 by the plans, instead they utilized the Centers for Staff Development Coordinator and the Medicare and Medicaid (CMS) Resident Director of Nursing on reviewing the plan of Assessment Instrument (RAI) process. Review of care interventions for use of barrier creams. the Minimum Data Set (MDS) 3.0 Manual, revised November 2012, Chapter 4, page 4-12, revealed III. The Staff Development Coordinator will the Interdisciplinary Team (IDT) identifies specific, complete a skills validation check in orientation individualized steps or approaches that will be for new hires. The Staff Development Coordinator will complete a skills validation taken to help the resident achieve his or her goals(s). These approaches serve as instructions check no less than annually for nursing assistants. The charge nurses, Director of for resident care and provide for continuity of care Nursing and Staff Development Coordinator by all staff. Precise and concise instructions help have been completing observations on each staff understand and implement interventions shift for application of barrier cream, Nursing consistently. staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator Review of Resident #1's clinical record revealed and the Director of Nursing on reviewing the the facility admitted the resident on 03/17/11 with plan of care interventions for use of barrier the following diagnoses: Diabetes; Dementia; creams. Hypertension; Bi-Polar Disorder; Urinary Tract Infection; and Anxiety Disorder. Review of the IV. The Staff Development Coordinator. Care Area Assessment (CAA) for pressure ulcers, Director of Nursing and/or Unit Managers will dated 11/30/12, revealed the facility would place complete a 10% sampling, to include each the resident on a check and change program with shift on barrier cream/peri-care weekly for peri-care provided using barrier cream as four weeks, monthly for two months, then preventative measures. Review of the most quarterly for three quarters. Results of the recent Quarterly MDS, dated 02/22/13, revealed audits will be reviewed at the Quality the facility assessed the resident as having a Assurance meetings for revisions as needed. severe cognition impairment, was always incontinent of bowel and bladder, and required V. Completion Date: 4/6/2013 extensive assistance from the staff with bed mobility, transfers, and toilet use. The facility assessed the resident as a high risk for pressure ulcer development related to incontinence and decreased mobility. Review of the comprehensive care plan for potential skin breakdown, dated 3/17/11, revealed approaches that included peri-care after each

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	100208			B. WING		l l	04/02/2013	
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N 194	incontinent episode revised on 02/13/1 an open area to the revealed the press 03/05/13.  Review of the mos April 2013, under the revealed instruction facility's choice for peri-care and as no Daily Living (ADL) instructions for the resident) for April 2 use barrier cream preventive skin care.  Observation of Ce (CNA) #2 and #3 pat 1:15 PM, reveal the resident's brief urine. Observation peri-area revealed areas. The CNAs and water and appreventive area to the control of the control	a. The skin care plan when the resident of right buttock. The reure ulcer was healed trecent physician or the general nursing sins to use barrier creapreventive skin care peded. Review of the flowsheet (guidelines CNA to use in caring of the facility's choice of the facility's choice	developed ecord on ders for ection, am of the with Activity of and of for each octions to e for each otto and those with soap	N 194				
	Interview with CNA revealed she was care today. She in day out of orientat changed the resid getting her up for any barrier cream aware Resident # and she was supp each incontinent of responsible for the performed the per	A #1, on 04/02/13 at a responsible for Residucated this was her ion. She stated she hent earlier this mornithe day and she had. She indicated she was a based to apply the crepisode. Although she is resident today, she is care that occurred on her lunch break.	dent #1's second nad ng prior to not applied vas not available eam after e was had not at 1:15 PM,					

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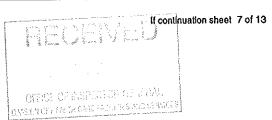
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Office of Inspector General (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 04/02/2013 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 194 N 194 Continued From page 6 reviewed a copy of the assignment sheet, she received at the beginning of her shift, and it did not include instructions to use skin barrier cream for this resident. Interview with CNA #2, on 04/02/13 at 4:35 PM, revealed she was asked by the North Unit Manager to provide peri-care for Resident #1 after lunch today. She stated she was not assigned to the resident's care today and did not know the resident's care needs. She did not have time to look up the resident's care needs in the ADL book and did not know a skin barrier cream was to be applied after peri-care for this resident. She stated some residents have barrier cream and others do not. She stated she had just come out of orientation yesterday. She revealed she had not applied skin barrier cream to the resident's buttocks after peri-care. Interview with the Director of Nursing (DON), on 04/02/13 at approximately 5:35 PM, revealed Resident #1 was at risk for pressure ulcer development related to the risk factors of incontinence, decreased mobility, Diabetes, and the resident recently had a pressure ulcer that healed in March 2013. She stated the facility used barrier cream for all incontinent residents and it was her expectations that staff would apply the cream after peri-care was provided. She stated it was a nursing intervention that was placed on the ADL flowsheet for the nursing assistants to follow. She stated this information was provided in the orientation training of all new nursing assistants. She stated the plan of care was implemented through the CNA flowsheet and she expected staff to follow those preventative measures. N 210 N 210 N 210 902 KAR 20:300-8(3)(a) Section 8. Quality of (comments begin next page) Care

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Office of Inspector General (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ B. WING\_ 04/02/2013 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) N 210 N 210 Continued From page 7 N 210 Resident #1's skin remains intact and is (3) Pressure sores. Based on the comprehensive receiving barrier cream. The surveyor and the assessment of a resident the facility shall ensure wound nurse assessed Resident #1's skin on 4/2/13, and skin was intact and barrier cream (a) A resident who enters the facility without was applied. The Director of Nursing assessed pressure sores does not develop pressure sores the resident's skin on 4/2/13 during a skills unless the individual's clinical condition validation check and skin was intact and demonstrates that they were unavoidable; and barrier cream was applied. This requirement is not met as evidenced by: II. The Director of Nursing reviewed the Based on observation, interview, and record resident assessments to determine residents review, it was determined the facility failed to with incontinence needs. Residents are provide necessary treatment to prevent receiving barrier cream as per their plans of development of pressure sores for one (1) of the care. The charge nurses, Director of Nursing four (4) sampled residents. The facility identified and Staff Development Coordinator have been Resident #1 as a high risk for development of completing observations on each shift for pressure sores related to incontinence of bladder applications of barrier cream. Nursing staff was and bowel, dependent with mobility, a diagnosis re-educated on 4/3/13, 4/4/13 and 4/5/13 by Staff Development Coordinator and the of Diabetes, and a history of pressure sore Director of Nursing on reviewing the plan of development. The facility developed a care plan care interventions for use of barrier creams. with nursing interventions to apply barrier cream after incontinent episodes as a preventative III. The Staff Development Coordinator will measure. However, the facility staff failed to apply complete a skills validation check in orientation the skin barrier cream after incontinent care on for new hires. The Staff Development 04/02/13. Coordinator will complete a skills validation check no less than annually for nursing Refer to 282 assistants. The charge nurses, Director of Nursing and Staff Development Coordinator The findings include: have been completing observations on each shift for application of barrier during peri-care. The facility did not provide a specific policy in Nursing staff was re-educated on 4/3/13, regards to preventing pressure sores. The facility 4/4/13 and 4/5/13 by the Staff Development stated they used the Lippincott Manual of Nursing Coordinator and the Director of Nursing on Practice. reviewing the plan of care interventions for use or barrier creams and peri-care. Observation of Resident #1, on 04/02/13 at 8:10 AM, revealed the resident sitting on the side of (continued next page) the bed with staff dressing the resident's upper body. Continued observation revealed the resident was fed breakfast per Certified Nursing

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Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ С B. WING \_\_ 04/02/2013 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) N 210 Continued From page 8 N 210 IV. The Staff Development Coordinator Assistant (CNA) #1 in the resident's room. The Director of Nursing and/or Unit Managers will resident was assisted from the room to the North complete a 10% sampling, to include each nurses' station at 9:20 AM. Continued observation shift on barrier cream/peri-care weekly for revealed the resident sat in front of the North Unit four weeks, monthly for two months, then nurses' station until 10:00 AM when the resident quarterly for three quarters. Results of the was assisted to a Rosary prayer service held in audits will be reviewed at the Quality the main dining room. Observation of the resident Assurance meetings for revisions as needed. at 10:30 AM, revealed the prayer service was over and the resident had been assisted to V. Completion Date: 4/6/2013 another part of the dining room. Continuous observation revealed the resident was again taken to a different table in the dining room at 10:45 AM. The resident sat at this particular table during the lunch meal (11:00 AM-1:00 PM). At 1:05 PM the resident was assisted from the dining room to the resident's room by LPN #1. At 1:15 PM observation of peri-care provided by CNAs #2 and #3 was conducted. Observation during the peri-care, on 04/02/13 at 1:15 PM, revealed the resident's brief was soaked with urine. In addition, the resident had stool in the brief. Observation of the resident's buttocks and peri-area revealed no barrier cream had been applied to the resident's buttocks/coccyx area. The CNAs completed peri-care with soap and water and applied a clean incontinent brief without the use of any barrier cream. Observation during a skin assessment, on 04/02/13 at 3:10 PM, revealed the incontinent brief was wet (not soaked) with no evidence of barrier cream. The nurse then applied barrier cream that was stored in the resident's top drawer of the night stand. Interview with the Nurse (LPN #1) after the skin assessment, on 04/02/13 at 3:10 PM, revealed skin barrier cream should always be applied after

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Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ C 04/02/2013 B. WING 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) N 210 Continued From page 9 N 210 peri-care. She stated the barrier cream was available for use and the CNA should have applied the cream after each incontinent episode. She stated a pressure ulcer on Resident #1's right buttock had just healed (March 5, 2013) and the resident was at high risk for development of additional pressure ulcers. Interview with CNA #3, on 04/02/13 at 3:15 PM, (who was assisting the nurse during the skin assessment and provided peri-care to Resident #1 at 1:15 PM) revealed she was unaware the resident was to have the barrier cream applied after peri-care. She did not know the cream was in the night stand. Review of Resident #1's clinical record revealed the resident had lived at the nursing facility since March 2011. Review of the most recent comprehensive Significant Change in Status MDS, dated 11/30/12, revealed the facility assessed the resident as having a severe cognition impairment, was always incontinent of bowel and bladder, and required extensive assistance from the staff with bed mobility, transfers, and tollet use. The facility assessed the resident as a high risk for pressure ulcer development related to incontinence and decreased mobility. Review of the Care Area Assessment (CAA) for pressure ulcers, dated 11/30/12, revealed the facility would place the resident on a check and change program with peri-care provided using barrier cream for preventative measures. Review of the Quarterly MDS, dated 02/22/13, revealed the resident had a existing pressure ulcer at that time and remained at risk for additional pressure ulcer formation. Continued review of the clinical record revealed the comprehensive care plan for potential skin

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Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_\_ C B. WING 04/02/2013 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) N 210 Continued From page 10 N 210 breakdown, dated 3/17/11, detailed approaches that included peri-care after each incontinent episode. On 02/13/13, a Stage II (measured 1 x 1.2 cm) pressure ulcer was noted on the resident's right buttock The skin care plan was revised on 02/13/13 when the resident developed the open area to the right buttock to include treatment to the area. The record revealed the pressure ulcer was healed on 03/05/13. Review of the most recent physician orders for April 2013, under the general nursing section, revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care and as needed. Review of the Activity of Daily Living (ADL) flowsheet (guidelines and instructions for the CNA to use in caring for each resident) for April 2013 revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care. Further review of the flowsheet revealed staff did not initial that this had been completed on 04/01/13 or 04/02/13 for the first shift. Interview with CNA #1, on 04/02/13 at 4:10 PM, revealed today was her second day off orientation and working independently. She stated she did not know Resident #1 had barrier cream available and she was suppose to apply after each incontinent episode. She stated she had changed the resident this morning prior to getting her up for the day and failed to apply the barrier cream. Although she was responsible for the resident today, she did not perform the peri-care that occurred at 1:15 PM, because she was on her lunch break. She reviewed a copy of the assignment sheet, she received at the beginning of her shift, and it did not include instructions to use skin barrier cream for this resident. She

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Office of Inspector General (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ----STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING . 04/02/2013 100208 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 GAGEL AVENUE **GEORGETOWN MANOR** LOUISVILLE, KY 40216 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) N 210 N 210 Continued From page 11 stated she was new and still learning. Interview with CNA #2, on 04/02/13 at 4:35 PM, revealed she was asked by the North Unit Manager to provide peri-care for Resident #1 after lunch today. She stated she was not assigned to the resident's care today and did not know the resident's care needs. She did not have time to look up the resident's care needs in the ADL book and did not know a skin barrier cream was to be applied after peri-care for this resident. She stated some residents have barrier cream and others do not. She revealed she had just come out of orientation yesterday. She stated she had not applied skin barrier cream to the resident's buttocks after peri-care. Interview with the Director of Nursing (DON) with the administrator present, on 04/02/13 at approximately 5:35 PM, revealed Resident #1 was at risk for pressure ulcer development related to the risk factors of incontinence. decreased mobility, Diabetes, and recently had a pressure ulcer that healed in March 2013. She stated the facility used barrier cream for all incontinent residents and it was her expectations that staff would apply the cream after peri-care was provided. She stated it was a nursing intervention that was placed on the ADL flowsheet for the nursing assistants to follow. She stated this information was provided in the orientation training of all new nursing assistants. When asked how she ensured the new employees were understanding and following the instructions on the ADL flowsheet, she replied, the Unit Managers are supposed to check the ADL books for completion. However, she stated the Unit Manager did not have time to observe new CNAs perform peri-care for all residents. The administrator stated it appeared there was a

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PRINTED: 04/05/2013 **FORM APPROVED** 

Office of Inspector General STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: \_\_\_ 100208 B. WING\_ 04/02/2013

NAME OF PROVIDER OR SUPPLIER  GEORGETOWN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE  900 GAGEL AVENUE						
		LOUISVILLE, KY 40216							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
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	breakdown from training received in or and actually working on the floor indep	rientation endently.			-				
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